

1969 Annual Report National Society for the Prevention of Blindness, Inc.



"This year, thousands of American children and adults will go blind. And you know, the real tragedy is that so often it could be prevented. That's why the National Society's work is so important."

Bing Crosby, National Sight-Saving Chairman



"All of us Crosbys wish you would take the time to take care of your eyes."

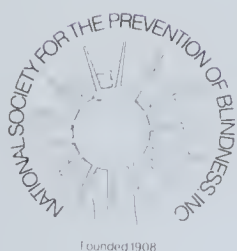
Kathryn and Mary Frances Crosby

Members of the National Society
can reflect upon the decade closing
with satisfaction that the world is
a better place for their activities.

The danger of amblyopia is being
widely recognized; glaucoma is known
and feared as never before; safety
glasses are becoming almost as universal
for ordinary wear as in industry.

The educational, service and research
programs of the Society have been
rewarding beyond all measure.

FRANK W. NEWELL, M.D., Professor and Chairman of Ophthalmology,
University of Chicago, and NSPB board member, speaking before the
Society's annual meeting in New York City, November 20, 1959.



Report of the President

It is my pleasure once again to address you who are allied with me, whether through direct involvement or active interest, in furthering the goals of the National Society for the Prevention of Blindness.

As many of you know, the Society's executive director, Dr. John W. Ferree, retired in September 1969, after a decade of energetic and most capable stewardship of the Society and its programs. Though "dedicated" is a word too often used to describe someone who has simply done his prescribed duties, in John Ferree's case the word retains its clarity of definition—"committed to." John Ferree was fully committed to the National Society, its work and its goals; and we shall always be in his debt.

Named to the post of executive director was Wilfred D. David, M.D., whose past accomplishments, during his 25 years with the

U.S. Public Health Service, are known to many of you. A guiding force in PHS blindness prevention programs on the local, state and national levels, Dr. David had worked closely with the National Society for nine years. In addition, he had been an NSPB board member for the past six years. I feel certain that Dr. David, excellently qualified to direct NSPB activities, will head the Society into the '70's with conviction and resolution as to the Society's purpose and the achievement of its goals.

A major boost to the Society's efforts this year was the participation of our new National Sight-Saving Chairman, Bing Crosby. His eye-care messages, carried by radio and TV stations throughout the country, have had a tremendous public impact, evidenced by the thousands of letters coming into NSPB—most requesting information, but some just writing to compliment Bing on a job well done.

Bing even put his wife, Kathryn, and his nine-year-old daughter, Mary Frances, to work for the Society. They were featured in our public service TV announcements; and Kathryn, in addition, did the introduction to the Society's new training film for preschool vision screening volunteers.

A special note of thanks goes to Dr. John Lordan, a member of the Medical Advisory Committee of our affiliated Southern California Society, who kindled Bing's interest in working on the Society's behalf.

Sixteen new board members were elected to the Society at the November 20 Annual Meeting, adding to our policy-making body a fertile combination of viewpoints—in that our new members represent the fields of science, medicine, philanthropy, business, industry, law, education and civic affairs.

We are especially proud to welcome to the Board the distinguished Dr. Halden Keffer Hartline, professor of biophysics at Rockefeller University, New York City, and a 1967

Nobel Prize winner. Dr. Hartline's studies on the physiologic and electrical activities of vision in lower animals have dramatically illuminated basic research on the visual process in man; and the techniques he developed are now being used extensively in laboratories in many parts of the world.

The Society records with sorrow the death in 1969 of William L. Benedict, M.D., an NSPB board member from 1942 to 1968. Dr. Benedict, an ophthalmologist, had also been a vice president of NSPB, and chairman and member of the Society's Committee on Basic and Clinical Research. In 1950 Dr. Benedict received the Leslie Dana Medal for Prevention of Blindness.

DEED

In an organization like ours, that is, a voluntary, non-profit agency, we have an important "third element" of evaluation, advice and criticism: In addition to the self-analysis of our staff and board members, and the feedback we get from recipients of the Society's services, we have our highly vocal volunteer workers.

Though I am in the volunteer category too, as are all the board members of the Society, and those who serve on our professional advisory committees, we're not, I feel, the best critics of the Society's activities and achievements. That's because we have, often unwittingly, a tendency to defend the Society's policies and programs—because we are responsible for setting those policies and the direction and emphasis of those programs.

No such self-defense factor colors the judgments and suggestions of those volunteers in the field, those men and women in our affiliated state organizations, who, while obviously committed to the Society's goals, have no obligation to defend the means to those goals. They get continual grassroots

evidence, as, for example, in preschool vision screening projects, of just how well the procedures work.

And these thousands of men and women, our wonderful "vocal majority," certainly let us know if they feel policies should be changed, program emphasis shifted....

Here I just want to say how much we appreciate their pragmatism, their suggestions, their enthusiasm—and to thank them once again for the vital role they have undertaken.

REPORT

In my report to you last year, I indicated that intensified fund-raising was an apparent priority for the Society in 1969 if we were to continue our expansion of services to the public. I am pleased to report that included in an income gain of 21.7 percent in 1969, over 1968, is a substantial increase in gifts from the business sector of our contributors.

Yet, though the base of our support is broadening, we are still faced with the fact that this year our educational materials and community service projects reached only a fraction of the nation's adults and children. Very simply, we need more money if we are to bring the Society's financial resources up to par with our program possibilities. It is my expectation—and in fact I feel it is my obligation—to make aggressive fund-raising a prime objective of the Society for the coming year.

Bradford A. Warner
President



Report of the Executive Director

Although I might have felt on shaky ground commenting on the National Society's activities during 1969—since I had been on staff a scant four months at year's end—I can reassure myself, and you, by pointing to my six-year "apprenticeship" on the Society's board of directors. Through attending Society board meetings and conferences, I have had the opportunity to become familiar with the Society's philosophies, programs, growth patterns, service emphases, areas of greatest success and areas of greatest concern.

As many of you know, I came to the National Society from the U.S. Public Health Service, where I had been acting director of the Division of Chronic Disease Control Programs. My interest and work in blindness prevention programs has deep roots; and the opportunity to continue in this field, now as staff and program director of the spearhead group in blindness prevention, is "job satisfaction" par excellence.



The Society held three major meetings during 1969. The Annual Conference, held in May in Milwaukee and co-sponsored by the Wisconsin Society, was attended by over 300 persons. The presentations at this Confer-

ence—and the makeup of the group attending—point up the diverse resources and approaches utilized by the Society in its work. The participation of physicians, scientists, other professionals and lay volunteers, make the Society, in my estimation, the viable organization that it is.

In October the Society held its annual glaucoma symposium, co-sponsored by the Association for Research in Ophthalmology, and attended by some 600 ophthalmologists. Highlighting present theory and techniques for the management of glaucoma, the eye disease which in this country ranks second among all causes of blindness, this forum also provides an authoritative projection of the directions of glaucoma research and treatment.

The Society's Annual Meeting of Members was held in November in New York City, with over 200 persons attending. The business meeting was followed by election of 16 new board members. The afternoon session was a symposium on current methods of managing several challenging eye conditions, including retrolental fibroplasia and detached retina.



Upon staff recommendation, and with approval of the board of directors, NSPB will hold four regional meetings in 1970, replacing the more formal format of the Annual Conference. These meetings will be, in effect, workshops for program development, involving NSPB and affiliate staff members, board members and officers.



I am pleased to announce the staff appointment of Miss Helen L. Woods, who joined NSPB in September as nurse consultant. Miss Woods will promote the Society's program through advisory, teaching and liaison services, directed primarily to school nurses, industrial nurses and public health nurses. She was previously program nurse specialist in

school health with the South Carolina Board of Health's Division of Maternal and Child Care.

The Society's efforts during 1969 toward blindness prevention through public education encompassed, in fact, two approaches.

On the one hand we seek to inform individuals about steps they can take to *prevent the occurrence* of vision impairment or blindness, whether through the proper use of protective eyewear; genetic counseling on hereditary eye disorders; medical treatment for conditions which are sight-threatening to adults and/or their offspring; or through simple precautions in avoiding loss of sight associated with known eye hazards, such as household chemicals, power tools, fireworks, BB guns and dangerous toys.

The other preventive approach is *early detection* of those eye diseases and disorders which threaten vision, but which benefit from early medical management. The Society's service program for early detection revolves around our state affiliate organizations. Their job is to enlist the support of volunteer physicians and nurses, and to train groups of professional and lay volunteers, who are responsible for carrying out the Society's two largest screening projects—screening for glaucoma and for visual defects in children.

Advances made in these approaches to public education during 1969 included: 1. Addition of 374 new chapters in the Society's Wise Owl Club of America, the industrial eye safety incentive program; 2. An encouraging growth in the number of genetic counseling centers across the country; 3. Federal law passed in November, banning hazardous toys; 4. Three states passed school eye safety laws, requiring eye protection in labs and workshops—total now 30; 5. Connecticut passed state law requiring *all* eyeglasses made and/or sold in the state to be safety

glasses, becoming second state to pass such a law (Alaska, last year, was the first); 6. More and more individuals across the country are becoming aware of the threats to vision posed by glaucoma and childhood amblyopia. (Figures on persons screened during 1969 will be found within this Report.)

Much was accomplished in professional education during the year, through Society-sponsored seminars, conferences, direct training sessions; the distribution of pamphlets and films directed to professionals; and through recommended standards for various types of visual screening and eye treatment, when performed by professionals other than ophthalmologists. Specific activities in professional education are covered within this Report.

In closing I want to extend much-deserved congratulations to our state affiliate organizations, which each year increase their corps of volunteer workers, and expand their service projects within their communities. As I read over their activity reports which come into my office, I am impressed and gratified that, with limited funds and staffing, they are able to provide extensive services in blindness prevention to their area populations, and to cooperate in joint projects with other professional organizations and lay groups.

I look forward to a heavy field schedule for 1970, to visit, and acquaint myself with, each of our affiliate organizations.

Wilfred D. David, M.D.
Executive Director





Imagine a little girl

who apparently could read all the words on the blackboard in kindergarten, who read so avidly and so well that her mother had to check the bedroom at night to make sure a book hadn't appeared from under the mattress and the light flicked on long after bedtime. Imagine this same little girl, after the bed lamp had been turned out for the second time, sneaking out of bed and finishing her story by the tiny ray of light which shone under the door from the hallway.

Certainly, there could be no question in her mother's mind about this little five-year-old's vision problem.

But then came age six, first grade and those eyes which skimmed so speedily over book after book had to adjust to a blackboard from the middle of a classroom. Trouble began and there was a sty that wouldn't go away. Now mother was concerned, and there was a trip to the eye doctor. Diagnosis: congenital cataract in left eye; nearsightedness in the right eye. The little girl was me, and you can bet the other five children in our



family had their eyes tested as soon as they were ready for school.

Any parent might ask, as did my mother, "Why didn't you tell me you couldn't see right?" The answer was, "I didn't know I couldn't see right." As most children do I had figured my sight by other associations. Because my left arm was less useful than my right, I thought my left eye also should have less to do.

You can imagine my surprise, and some disappointment, when I discovered that street lights at night didn't shoot out hundreds of

streaks of iridescent rainbow colors, that stars were tiny dots in the sky and the moon didn't have red and green fringes."

ALICE K. HUCK, Women's Editor
Post-Crescent, Appleton, Wisconsin

Miss Huck wrote a story on upcoming vision screenings for Appleton preschool youngsters, sponsored by the Wisconsin Society for the Prevention of Blindness, which turned into a full-page Sunday photo-feature. Miss Huck's moving, personal testimony makes an eloquent case for the Society's emphasis on vision screening of children...

Vision screening of children

maintained priority status during 1969 among the Society's community service programs. The long-established incidence, one in every 20 preschool-age children, still holds: One in every 20 children, three to six years of age, has a vision problem. Amblyopia, or "lazy eye," is the prime target among possible impairments, in that early discovery and treatment is so critical a factor in successful correction.

In 1969 Society-trained volunteers screened a total of 221,128 preschool-age children; with 618 separate screenings held in 30 states. Of the children screened, 9,613 were referred for a professional eye examination.

To aid NSPB and its affiliates in recruiting and training volunteers, the Society produced and distributed in 1969 a new training film, "Before We are Six," made possible by a gift of NSPB board member Mrs. Charles A. Dana. A lively and effective "how-to-do-it," the film is enhanced by an introductory segment by Kathryn (Mrs. Bing) Crosby.

Sample state projects during the year included:

THE MISSISSIPPI SOCIETY, invited to participate in a workshop for preschool teachers at the U. of Southern Mississippi, seized the opportunity to recruit vision screening volunteers from among the students. They've been a valuable addition in helping the Society

meet its commitment to train teams to screen children in all of the state's Head Start Centers.

THE GEORGIA SOCIETY sponsored vision screening and follow-up for all the children—some 20,000—in Georgia's summer Head Start program.

THE IOWA SOCIETY trained over 400 screening volunteers during the year, and has active projects in over 100 Iowa communities, with 13 county-wide programs.

THE ARIZONA SOCIETY played good neighbor to Mexicali, Baja California—trained vision screening teams of Mexicali mothers, and supplied them with Spanish versions of basic TV, radio and newspaper publicity releases. In addition to its regular screening schedule, the Society continues its campaign to screen children on Indian reservations and military bases throughout Arizona.

THE OHIO SOCIETY's Stark County Committee established 24 screening projects; screened 4,855 county preschool children.

THE TEXAS SOCIETY reported a year-end total of 19,894 preschool children screened.

THE VIRGINIA SOCIETY held an open screening in Richmond, trained over 200 volunteers to conduct the screening of over 1,700 preschoolers.

Active and growing screening programs were also conducted in Florida, Indiana, Wisconsin, Minnesota, Oklahoma, Rhode Island and Washington State during 1969.

Satisfying as the Society's progress has been, with hundreds of new volunteers trained during the year—the sobering fact remains that we can yet reach only a fraction of the nation's estimated 22,600,000 preschool-age children. We must continue to reach out—to the pediatrician, the family physician, the local health department, civic groups, the student nurse, the future teacher...all potential allies in reaching the goal of vision screening for every preschool-age child in the country.

Glaucoma holds on

to second place among causes of blindness in the nation today. An insidious disease, characterized by increased pressure within the eye — but usually painless and often without symptoms — glaucoma can progress to blindness if left untreated.

Though glaucoma can be controlled, damage halted, with medical (and sometimes surgical) treatment, if detected in its early stages... Today, now, an estimated 1,718,500 Americans 35 and older are threatened with blindness from glaucoma.

NSPB's attack against glaucoma is two-pronged:

Our extensive educational program is aimed at both the public (670,000 pamphlets on glaucoma were distributed during the year) and those physicians, such as internists, general practitioners and physicians responsible for employee and industrial health services, who can include tonometry, a simple test to locate glaucoma suspects, in their routine physical examinations of their patients 35 and older.

The other weapon in combating glaucoma is the glaucoma screening program, through

which NSPB and state affiliates sponsor and arrange screenings for the public, often in cooperation with medical societies and health departments, and civic groups. Volunteering ophthalmologists and ophthalmology residents perform the tonometry.

1967

Sample projects during the year included:

THE PUERTO RICO SOCIETY, participating in a four-day health fair sponsored by the Puerto Rico Medical Association, screened 300 persons for glaucoma.

THE VIRGINIA SOCIETY held a Norfolk screening for 1,091 persons, in cooperation with the local Lions Club; with 20 area ophthalmologists administering the tests. Referred for a medical eye exam were 58 individuals.

THE OHIO SOCIETY, in cooperation with the Ohio State University Department of Ophthalmology and the Columbus Jaycees, held a two-day screening in eight Columbus locations. A total of 3,423 persons were screened, with 204 referred.

THE CONNECTICUT SOCIETY, with the aid of over 100 volunteers, including physicians, nurses and members of local civic groups, screened 1,137 persons in Waterbury, with 38 referrals.

THE GEORGIA SOCIETY held a city-wide screening in Macon, where 1,190 persons were screened at four locations, with 40 referrals.

THE NATIONAL SOCIETY held a glaucoma screening as part of a health screening program at the annual meeting of the American Dental Association, held in New York City. City ophthalmology residents screened 2,238 dentists; and 71 were referred for a medical eye exam.



GLAUCOMA DETECTION

I have been on continuous medication for about four years, using 3% Carbachol every six waking hours and 2% Epitrate every twelve hours.

GLAUCOMA

I became aware that I was a glaucoma suspect through a screening sponsored by the Colorado Society. Upon recommendation by the Society, I immediately consulted one of Denver's leading ophthalmologists for a complete eye examination. He concurred that I was suspect, and wanted to keep me under observation until such time as he determined that treatment was necessary.

GLAUCOMA

Since under medication, I find my activity basically unrestricted, although I do not enjoy driving, fast-moving traffic or wide-screen movies.

This is
a disease which
can be treated

and thus prevent blindness . . . The tools are available, the treatment simple — all that is needed is public awareness!

GLAUCOMA

I believe that both the National and the Colorado Society do a very good job of making the general public aware of this disease . . . I would hope that some day there will be adequate numbers of trained nurses and technicians to give the simple test which can detect the presence of glaucoma, which could greatly increase the number of screenings.



The man pictured and quoted here is Dale Mathis, a real person, his real name. He is senior vice president of the Midwest Division, Transamerica Title Insurance Company, Denver, Colorado. He was also the Colorado Society's 1969 Sight-Saving Chairman, and says: "With the experience gained during 1969 it is my intention to request the privilege of serving as Colorado's Sight-Saving Chairman for an additional year. Much progress was made this year, and much more can be made next year, and in the years to come . . ."

Among other areas of challenge

in blindness prevention, cataract remains a formidable opponent, still the leading cause of blindness in the U.S. today. Though the surgical success rate for cataract removal is better than 95 out of 100 cases (and surgery is the only cure for cataract), public education in this area is still a herculean task. Convincing persons with cataract, or those concerned with their welfare, of the promise of surgical treatment remains a major goal of NSPB.

In 1969 NSPB and affiliates distributed 219,400 cataract pamphlets, to physicians, nurses, eye clinics, facilities serving the aged—and of course, in answer to requests from patients and the public. In addition, our Information and Referral Department handled hundreds of personal written and telephoned inquiries concerning cataract.

1969

A major breakthrough for public health in 1969, and one of great significance in blindness prevention, was the production and marketing of vaccine for rubella. Rubella during pregnancy has caused a large incidence of congenital cataracts and other eye defects in infants. By year's end some three million children had been vaccinated against rubella, in an effort involving federal, state and local health programs, as well as private-sector efforts.

1969

Improved treatment methods continued to develop during 1969 for several serious eye dis-

orders, notably detached retina and diabetic retinopathy. Detached retina, which strikes some 20,000 persons each year, now has an 85% success rate in management of the condition. Diabetic retinopathy, now the third leading cause of blindness in the U.S., presents a gloomier picture; and continued, concentrated basic and clinical research is imperative. The Society will continue to stress the importance of eye care for all diabetics.

1969 was a year of progress in the understanding of dyslexia, or reading difficulty, in which visual impairment may play a part; nutrition-linked visual impairment, where vitamins may produce profound improvement; and in the causes of congenital and hereditary blindness, which account for an estimated 17% of all blindness.

Progress in these areas of challenge is followed at the Society's annual conferences, and in the *Sight-Saving Review*, the Society's professional quarterly; and is encouraged at the basic research level through the allocation of grants from the Society to support pilot projects not financed through other sources.

NSPB works closely

with professionals and professional organizations concerned with the preservation of sight ... and serves as a clearing house on all aspects of eye disease and disorder, and eye health and safety.

Among NSPB activities in professional education during 1969:

— Sponsorship, in cooperation with the Association for Research in Ophthalmology, of the annual glaucoma symposium, held in October during the annual meeting of the American Academy of Ophthalmology and Otolaryngology, and attended by some 600

ophthalmologists. The Society's Committee on Glaucoma revised guidelines to be followed in organizing glaucoma screening programs to encourage use of nurses and trained technicians to assist with glaucoma screening.

Production of an exhibit on vision screening of children, presented at the annual meeting of the American Academy of Ophthalmology and Otolaryngology, and at the annual meeting of the American Academy of Pediatrics. The exhibit provoked many requests for information and procedure recommendations from pediatricians, many of whom serve as advisors to school health programs, day care centers and to Head Start projects.

Participation by NSPB's nurse consultant at major meetings during the year of industrial nurses, school nurses and public health nurses; by NSPB's director of Industrial Service at numerous major safety meetings throughout the country, including the National Safety Congress convention in Chicago in October; and by the executive director and assistant executive director at several medical meetings, public health meetings, and conferences of other related professional organizations.

Revised recommendations by NSPB's Committee on Vision Screening of Children for conducting preschool and school vision screening, and for the promotion of sound school eye health programs. The Society's instructional pamphlets on vision screening principles and procedures were also revised.

Sponsorship of the October symposium, "What Can Electrophysiology Do for the Ophthalmologist," held in Chicago.

500

Affiliate activities in professional education during 1969 included:

THE MASSACHUSETTS SOCIETY, in cooperation with the Postgraduate Medical In-

stitute and the state Public Health Dept.'s Division of Adult Health, held a day-long workshop on "Practical Management of Common Eye Problems," attended by 254 area general practitioners, internists and pediatricians. In addition to the formal presentations, tonometry demonstrations were conducted throughout the day; and over 90 physicians had a tonometry check themselves. The course was approved for seven elective credit-hours by the American Academy of General Practice.

THE NORTHERN CALIFORNIA SOCIETY, which established a glaucoma screening clinic in San Francisco last year, has initiated a tonometry training program for area internists and general practitioners at the clinic. They are expanding the training program to teaching hospitals, hospital meetings, physician offices and industrial physicians.

The Society also produced a film for pediatricians, on eye examination of infants and children, and vision screening procedure (made possible by a Public Health Service grant). An accompanying pamphlet will be distributed to pediatricians at professional meetings where the film is shown.

THE IOWA SOCIETY, in cooperation with the state Health Dept.'s Division of Chronic Disease, has developed a tonometry training program for general practitioners, internists and other physicians. During 1969 demonstrations were given, by ophthalmologists, at four medical society meetings, training 42 physicians.

THE VIRGINIA SOCIETY promoted tonometry at the annual Scientific Assembly of the Virginia Academy of General Practice, including glaucoma screenings of those attending.

Our eye safety campaign

is a major component of the Society's education and service program. The campaign received heartening support during 1969—evidenced by acts of Federal and state legislation, greater industrial and educational initiative, and a growing commitment from influential professional and lay groups—to prevent visual impairment and blindness caused by eye accidents.



The Wise Owl Club added 2,903 new members, bringing the total membership to 44,223. The Club awards memberships to employees and students whose eyesight was saved by wearing eye protection at the time of a potentially blinding accident. Charters were obtained by 374 new chapters, for a total of 5,597 chapters. And 14 youngsters became Junior Wise Owls during the year, bringing the total to 131.



Highlights of the Society's eye safety program during 1969 were:

Two more states, Washington and North Carolina, passed school eye safety laws during the year, bringing the total of states with such laws to 30. These laws are based on NSPB's model law for eye and face protection for lab and workshop students, teachers and visitors—specifying safety eyewear which

meets the American Standards Institute code Z87.1-1968.

Up in arms over continuing reports of eye injuries following Fourth of July celebrations, NSPB joined with the Fire Protection Association and the Fire Marshals Association to obtain and study figures on accidents caused by fireworks during 1969. The survey revealed 1,330 injury cases, including over 200 eye injuries. Of these injuries, 46% were caused by the "harmless" Class C category of fireworks (i.e. small firecrackers, sparklers), still permitted in interstate commerce and within some states. Our goal is apparent: legislation banning all fireworks from the open market before the next Fourth of July!

Connecticut in 1969 became the second state (Alaska, last year, was the first) to pass a law, effective Jan. 1, 1971, which requires all eyeglasses and sunglasses made and/or sold in the state to be safety lenses.

NSPB's prodding of the Defense Department to make issuance of safety glasses routine for those Armed Forces personnel who wear prescription glasses continues... Bill H.R. 7873, proposing such routine issue, introduced by Congressman Henry Helstoski (N.J.), still not reported out of the House Committee on Armed Services; but has picked up co-sponsors... NSPB's position and chiding of the Defense Dept., issued in a news release, was picked up editorially by over 300 daily newspapers in 1969.

Discussion is underway among NSPB and official representatives of the ophthalmic professions and the optical industry to develop the text of a model safety eyeglass bill, which could be supported by all concerned; and which would avert marketing problems that would result from individual states enacting laws with widely varying requirements.

Hazardous toys, those that pose a thermal, electrical or mechanical threat to children, were banned by Federal law in November, extending the categories (pressurized and flammable) banned in the Child Protec-

tion Act of 1966. NSPB testified at hearings on toy hazards, conducted by the National Commission on Product Safety (which proposed the new toy law).



Affiliate activities in eye safety during 1969 included:

THE KENTUCKY SOCIETY mailed letters to all safety directors or plant managers of state companies with 100 or more employees, offering films and educational materials on eye safety programs, as well as the consultant services of the Society.

THE UTAH SOCIETY and its Industrial/School Safety Committee promoted the establishment of the state's Industrial Arts Association as a Wise Owl Club chapter—including all industrial arts teachers and students in state schools and colleges. The Society is helping to implement the program with standards and promotional materials; and each school has designated a teacher responsible for the eye safety implementation program.

THE IOWA SOCIETY, in response to the amendment passed this year strengthening the state's school eye safety law, distributed posters containing the new law's text to all affected classrooms (shop classes and labs) in the state. Posters were also distributed to over 500 vocational teachers; and over 1,500 were sent to school nurses and administrators.

THE SOUTHERN CALIFORNIA SOCIETY sponsored a poster contest in San Diego on eye safety, entered by 45 high school students. Winning posters were displayed at San Diego's 10th annual health fair, sponsored by the county medical society. One \$50 and two \$25 savings bonds, plus a pair of safety sunglasses, went to the top three winners. Prizes were awarded at the fair's opening ceremonies.

Reaching our audience...

With the essential and generous cooperation of the nation's mass media during 1969, the Society's eye-care warnings and informational materials appeared in newspapers, popular and medical periodicals, and on TV and radio across the country. State affiliate staff and volunteers stepped up their public relations activities an admirable extent during the year, utilizing local news media—frequently getting newspaper feature treatment, and radio and TV interviews.



Our own promotional materials are vital aids to gaining public awareness of the ways and means to eye health and safety; and in providing basic information on many aspects of eye disease and disorders, and eye care.

Educational aids of the Society during 1969 included:

□ A full line of pamphlets—publications of interest to adults, children, older students, industrial safety programs, physicians and other health professionals. Some 3,500,000 pamphlets were distributed during the year, in answer to requests to our national office and our state affiliate offices.

□ A film library of 13 subjects, in the categories of general eye care, adult vision problems, children's vision problems and eye safety. New additions during the year were "Straight Talk on Eye Safety," 12-minute sound film, in color, for industrial audiences; and "Before We are Six," the new preschool vision screening training film. There were 1,097 films loaned during the year; and 122 film sales.

□ Two quarterly periodicals—*The Sight-Saving Review*, a professional journal for

those in the ophthalmic professions and in fields related to eye care and prevention of blindness; and *NEWS: The National Society for the Prevention of Blindness*, a newspaper for general and professional audiences, carrying features and articles on prevention of blindness activities, with particular emphasis on the Society's programs.

In addition, most state affiliates produced quarterly newsletters, sent to board members, contributors, and interested professionals and lay persons within their states.

Exhibits are geared to professional or lay interest, and can stand "on their own" with accompanying literature, or serve as graphic adjuncts to speeches or conference presentations. Added during the year were the new exhibit on preschool and school vision screening, a large, panel unit in color; and a "Sight-Saving Quiz," a light-weight, color, question-and-answer exhibit.



Another effective promotional means, utilized in 1969 by more affiliate organizations than ever before, is the "Special Event," which usually carries the not-so-incidental feature of adding to the funds of the benefit group. Top honors in the "Special Event" category in 1969 went to the *Texas Society*, which was the beneficiary of the annual Gulf Coast Arabian Charity Open Horse Show. Texas Society staff and board members worked with the sponsoring Houston Memorial Chapter of Delta Gamma alumnae to make the Houston show an unqualified success. Proceeds to the Society from the event were \$8,500.

The big pitch

in the Society's educational campaign comes in September, Sight-Saving Month, when specially-prepared press kits are sent to daily and weekly newspapers across the country, and to select medical, health, education and general publications; and spot announcements are sent to all the nation's radio and TV stations. Reception to, and use of, the Society's materials from September on through the end of the year was, simply, unprecedented in our history.



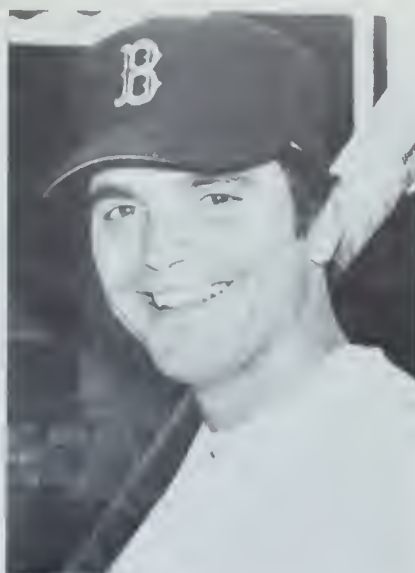
Bing Crosby, the Society's 1969 National Sight-Saving Chairman, appeared in the Society's TV spots—and the response, from TV public service directors as well as from thousands of viewers, has been overwhelmingly favorable. In addition, Bing put his wife, Kathryn, and his nine-year-old daughter, Mary Frances, to work for the Society—and they appeared in 60-second and 30-second TV messages. Six sight-saving messages by Bing were also sent to all the nation's radio stations. Many TV and radio stations have indicated they will continue to use the spots until the new '70 campaign materials are received.



As seen by a glance at the accompanying photos, several affiliate organizations won celebrities of their own for their state Sight-Saving Campaigns.



Bing Crosby,
National Sight-Saving
Chairman



Boston Red Sox's
Tony Conigliaro,
Massachusetts Society's
Sight-Saving Chairman



Famous sportscaster
Red Barber,
Florida Society's
Sight-Saving Chairman



Atlanta Falcon's
head coach
Norm Van Brocklin,
Georgia Society's
Sight-Saving Chairman



Forest Evashevski,
athletic director of
the University of Iowa,
Iowa Society's
Sight-Saving Chairman



Ventriloquist Edgar Bergen,
prompted by Charlie McCarthy,
is Southern California's
Sight-Saving Chairman

Basic and Clinical Research

In 1969 the NSPB Committee on Basic and Clinical Research approved grants (below) totaling \$107,900.00.

Though this research program is exceeded by government appropriations and funds of voluntary organizations specializing in research support, NSPB believes it is important to provide support in promising areas not reached by these sources. Emphasis is given, therefore, to assisting the young investigator not yet established in a research career, who is pursuing a study pertinent to the interests of the National Society.

Title of Study
Institution and Investigator

RENEWALS

The Effect of Light Stimulation on the Retinal and Axonal RNA of the Eccentric Cell of the Lateral Eye of the *Limulus polyphemus*
Institute of Medical Sciences
Pacific Medical Center
San Francisco, California
Iris Barbato, Ph.D.

The Localization of Tritiated Digoxin in the Rat Eye
Northwestern University Medical School
Chicago, Illinois
Seymour B. Goren, M.D.

Obstruction of the Vortex Veins Pathologic and Experimental Study
Boston University
School of Medicine
Boston, Massachusetts
Ephraim Friedman, M.D.

Lymphocyte Transformation Study
Washington University
School of Medicine
St. Louis, Missouri
Morton E. Smith, M.D.

Laboratory Study of Vitreous Changes in the Pathogenesis of Rhegmatogenous Retinal Detachment
Albany Medical College
Union University
Albany, New York
Wichard A. J. van Heuven, M.D.

Effect of Peripheral Blindness in Man on Circadian Periodicity of Plasma 17α -OHCS
The Mount Sinai School of Medicine of the City University of New York
New York, New York
Howard P. Krieger, M.D.

Retinal Vascularization and Neovascularization in Experimental Arterio-
New York University
Medical Center
New York, New York
Manoucher Shakib, M.D., Ph.D.

Immersion in Primary Herpetic Keratitis
Wills Eye Hospital and Research Institute
Philadelphia, Pennsylvania
Ralph Pollikoff, Ph.D.

Lymphocytes in Diagnostic Procedures for Uveitis
Wills Eye Hospital and Research Institute
Philadelphia, Pennsylvania
Theodore W. Sery, Ph.D.

Vascular Patterns of the Ocular Fundi of Glaucoma Patients Compared with the Normal and the Effect of Changes in Intraocular Pressure
Fluorescein Angiography
Wills Eye Hospital and Research Institute
Philadelphia, Pennsylvania
George L. Spaeth, M.D.

Influence of Interferon on Experimental Viral Uveitis
Woman's Medical College of Pennsylvania
Philadelphia, Pennsylvania
Maria W. Kirber, Ph.D.

Quantitative Evaluation of Eye and Hand Preference in Non-Dyslexic and Dyslexic Populations
School of Medicine
University of Washington
Seattle, Washington
Robert E. Kalina, M.D.

NEW

The Effect of Antilymphocyte Globulin (ALG) on Herpes Simplex Keratitis
Francis I. Proctor Foundation for Research in Ophthalmology
University of California
San Francisco, California
Gilbert Smolin, M.D.

Scanning Electron Microscopy of the Eye
University of California
San Francisco Medical Center
San Francisco, California
Brian R. Matas, M.D.

Acquired Color Vision Defects
University of Chicago
Eye Research Laboratories
Chicago, Illinois
Alex E. Krill, M.D.

The Effect of Vitamin B12 Deficiency on the Visual Acuity of Rhesus Monkeys
University of Chicago
Eye Research Laboratories
Chicago, Illinois
Vivianne C. Smith, Ph.D.

Electron Microscopy of Normal and Pathological Ocular Tissue
College of Physicians and Surgeons of Columbia University
New York, New York
Takeo Iwamoto, M.D.

Comparative Electrophysiology of Amphibian Cornea and Fish Cornea
Mount Sinai School of Medicine of the City University of New York
New York, New York
Oscar A. Candia, M.D.

Cellular and Humoral Immune Response in Herpetic Keratitis to
a) Normal and Diseased Tissue and b) Etiologic Agent

Mount Sinai School of Medicine of the City University of New York
New York, New York
Walter L. Henley, M.D.

The Effect of Light Adaptation on Rod and Cone Activity in the Visual Cortex
New York University Medical Center
New York, New York
Harris Rippes, Ph.D.

Exploration of the Use of Ultrasonics in Disrupting Adhesion between the Vitreous and Macula
Duke University Medical Center
Durham, North Carolina
Myron L. Wolbarsht, Ph.D.

Uveitis Due to Toxins of Herpes Simplex Virus
The Children's Hospital of Philadelphia
Philadelphia, Pennsylvania
Tadasu Tokumaru, M.D.*

Neurovascular Relationships in the Retina
University of Pennsylvania Medical School
Philadelphia, Pennsylvania
Alan M. Laties, M.D.

Bipocular Vision Encoding in the Cortex of Cats
Baylor University College of Medicine
Houston, Texas
M. L. J. Crawford, Ph.D.

Requirement of the Retina for Essential Fatty Acids
University of Washington Medical School
Seattle, Washington
Sidney Futterman, Ph.D.

Intraocular Treponemiasis
Marquette School of Medicine
Milwaukee, Wisconsin
Walter E. Gager, M.D.

Collaborative Study of Oxygen Therapy for Premature Infants
The Montreal Children's Hospital
Montreal, Canada
Mary Ellen Avery, M.D.

SCIENTIFIC CONFERENCES

Symposium: What Can Electro-physiology Do for the Ophthalmologist?
Chicago, Illinois
October 11, 1969
Chairman: A. Edward Maumenee, M.D.

Interim support of conference meeting for the project: Cooperative Study of Eye Disease in Dogs
Stanford University School of Medicine
Palo Alto, California
S. R. Roberts, D.V.M.

*Investigator and study transferred to The Institute of Ophthalmology of the Presbyterian Hospital, College of Physicians and Surgeons of Columbia University
New York, New York

Operational Research

Another kind of investigation, that of operational research, gives the National Society essential data with which to direct our program emphases for the coming years, or for pointing up new areas of need. This research may take the form of establishing reporting methods; studies of special population groups; surveys to determine the status of eye health and safety laws and regulations; conferences; or statistical analyses of incidence and causes of blindness and vision problems.

Some of these projects undertaken during 1969 included:

- Work has continued on the processing of data collected for the study of causes of visual impairment of infants and young children.

- A study of the causes of blindness of legally blind school age children was initiated. This is the latest in a series of such studies conducted by the Society since the early 1930's. Eye examination reports are being collected on a sample of all legally blind children enrolled in residential schools and public school systems in the country. The purpose of the study is to determine the most important problems for preventing blindness in children.

- A survey was conducted by the National Society in each affiliate state to determine the incidence of eye injuries due to fireworks during June and July. Special report forms were sent to each ophthalmologist in these states and hospitals with 75 beds or more and emergency rooms. More than 200 eye injuries of varying degrees of severity were reported.

- A study of infants weighing 2000 grams or less has been initiated in the San Francisco Bay Area with 5 cooperating hospitals. This

study is designed to learn more about the relationship of oxygen administered to babies requiring it for survival and the occurrence of retrolental fibroplasia. Its objectives are to determine the incidence of retrolental fibroplasia among infants in the study population and to examine the relationship of various factors to the occurrence or non-occurrence of this condition.

- A survey was made of state health departments to determine recommendations in effect concerning the administration of oxygen to newborn infants in hospitals in order to prevent the occurrence of retrolental fibroplasia.



School Vision Screening Project: The Granite School District in Salt Lake City, Utah, screened all children in kindergarten through grade 6 and in grade 8 in the fall of 1968. Volunteers trained by the Utah Society did the screening, and follow-up on referrals was done by the school nurses. Special record and report forms designed by the Statistics Department were utilized.

The reports were made available to the Statistics Department for compilation and analysis of results. Summary reports for each of the 60 schools participating in the program and a report for the entire school system have been prepared and a draft report of the results completed. A total of 38,733 children were screened and 1,452 referred for a professional examination. Of those referred 59% or 858 children were examined, and of these, 94% were found to have a condition requiring observation or treatment. Reporting from this program provides much more detailed and complete information than has heretofore been available on the vision screening of school children.

Consolidated Balance Sheet

DECEMBER 31, 1969

	Current funds		Endowment funds and funds functioning as endowment	Land, building and equipment funds
	General	Restricted		
Assets:				
Cash	\$ 255,547	\$27,582	\$ 38,280	\$ —
Notes receivable	1,130	—	—	—
Accounts receivable:				
Deposits and advances	10,459	—	—	—
Miscellaneous	33,616	—	—	—
Investments in bonds and stock, at cost or fair value at date of acquisition in the case of gifts (quoted market \$1,295,698)	1,269,942	—	191,959	—
Prepaid expense	47,533	—	—	—
Investment in land, building and equipment (note 2):				
Land	—	—	—	37,500
Building, less accumulated depreciation	—	—	—	259,917
Equipment, less accumulated depreciation	—	—	—	105,968
Total assets	<u>1,618,227</u>	<u>27,582</u>	<u>230,239</u>	<u>403,385</u>
Liabilities:				
Accounts payable	62,975	—	—	—
Reserve for vacation and severance pay	80,686	—	—	—
Total liabilities	<u>143,661</u>	<u>—</u>	<u>—</u>	<u>—</u>
Net assets (representing fund balances)	<u>\$1,474,566</u>	<u>\$27,582</u>	<u>\$230,239</u>	<u>\$403,385</u>
Fund balances (Exhibit C):				
General funds:				
Appropriation for special purposes	104,285	—	—	—
Unappropriated	1,370,281	—	—	—
Restricted funds	—	27,582	—	—
Endowment funds and funds functioning as endowment	—	—	230,239	—
Net investment in land, building and equipment	—	—	—	403,385
	<u>\$1,474,566</u>	<u>\$27,582</u>	<u>\$230,239</u>	<u>\$403,385</u>

See accompanying notes to consolidated financial statements.

Consolidated Summary of Financial Activities

YEAR ENDED DECEMBER 31, 1969

Support from the public:

Received directly:

Contributions	\$1,382,918
Legacies and bequests	314,412
Special events (after deducting expenses of \$7,241)	12,984
Total received directly	<u>1,710,314</u>

Received indirectly—allocated

by federated fund-raising organizations	158,285
Total support from public	<u>1,868,599</u>

Other revenue:

Investment income	\$106,081
Sale of publications	27,811
Membership dues	6,995
Miscellaneous	<u>1,984</u>
Total other revenue	<u>142,871</u>
Total support and revenue before net gains on investment transactions	2,011,470

Net gain on investment transactions	<u>133,908</u>
Total support and revenue	<u>2,145,378</u>

Deduct support and grants limited by

donor—currently expendable, but only as specified by donor (Exhibit C)

234,635

Support and revenue available to finance current general activities

\$1,910,743

Expenditures:

Program services:

Research	\$ 175,496
Public health education	596,357
Professional education and training	263,356
Community services	<u>358,316</u>
Total program services	<u>1,393,525</u>

Supporting services:

General and administrative	\$321,162
Fund raising	<u>351,968</u>
Total supporting services	<u>673,130</u>

2,066,655

Major property acquisitions

195,508

Total expenditures

2,262,163

Deduct expenditures financed by special funds (Exhibit C):

Special purpose appropriations	58,627
Current restricted funds	<u>338,403</u>

397,030

Expenditures financed by current general revenue

1,865,133

Excess of current general revenue over related expenditures

\$ 45,610

See accompanying notes to consolidated financial statements.

Consolidated Statement of Changes in Fund Balances

YEAR ENDED DECEMBER 31, 1969

	Current funds			Endowment funds and funds functioning as endowment	Land, building and equipment funds	Designated funds
	General funds					
	Appropriations for special purposes	Unappropriated	Restricted			
Balance at beginning of year, as previously reported	\$ —	\$1,439,660	\$ —	\$ 96,152	\$ —	\$254,658
Adjustments:						
Reclassification of fund balances	55,609	—	131,350	—	67,699	(254,658)
Cost of land and equipment acquired prior to January 1, 1969, net of accumulated depreciation of \$5,711	—	—	—	—	91,426	—
Fund balances of Minnesota Chapter which became affiliated on January 1, 1969	—	7,484	—	108,536	—	—
Balance at beginning of year, as adjusted	55,609	1,447,144	131,350	204,688	159,125	—
Appropriations	107,303	(122,473)	—	15,170	—	—
	162,912	1,324,671	131,350	219,858	159,125	—
Additions:						
Excess of current general revenue over related expenditures (Exhibit B)	—	45,610	—	—	—	—
Current revenue expendable only as specified by donors	—	—	234,635	—	—	—
Net gains on investment transactions	—	—	—	10,381	—	—
Building and equipment acquisitions	—	—	—	—	256,566	—
	162,912	1,370,281	365,985	230,239	415,691	—
Deductions:						
To finance expenditures included in Exhibit B	58,627	—	338,403	—	—	—
Provision for depreciation (computed on straight-line method)	—	—	—	—	12,306	—
	58,627	—	338,403	—	12,306	—
Balance at end of year	\$104,285	\$1,370,281	\$ 27,582	\$230,239	\$403,385	\$ —

See accompanying notes to consolidated financial statements.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

1) The consolidated financial statements include the National Society for the Prevention of Blindness, Inc. (including state committees) and affiliated chapters in Connecticut, Colorado, Northern and Southern California, Indiana and Minnesota. 2) Land, building and equipment are stated at cost or fair value at date of acquisition in the case of gifts. Depreciation of building and equipment has been provided so as to amortize the value of these assets over their estimated useful lives, with corresponding charges directly to the fund balance, "Net investment in land, building and equipment." 3) The Society and its affiliated chapters occupy premises under various leases extending through 1977 and requiring annual net rental payments aggregating \$87,544. 4) The Society and its affiliated chapters have contributory pension plans covering permanent employees. Total expenditures for the plan amounted to \$17,709 for the year. There are no unfunded prior service costs.

Consolidated Analysis of Functional Expenditures

YEAR ENDED DECEMBER 31, 1969

	Total	Program services				Supporting services	
		Research	Public health education	Professional education and training	Community services	General and administrative	Fund raising
Awards and grants	\$ 113,543	\$107,825	\$ 3,309	\$ 11	\$ 2,252	\$ 146	—
Support of health organizations	4,438	—	877	2,722	707	115	17
Salaries	909,470	51,919	174,030	156,033	238,259	167,068	122,161
Payroll taxes	36,735	1,918	7,632	6,181	9,675	7,311	4,018
Employee benefits	34,866	2,160	6,606	6,771	8,390	8,006	2,933
Building occupancy	109,902	9,215	26,547	15,923	25,783	15,975	16,459
Telephone and telegraph	28,829	1,854	7,402	3,755	10,971	2,034	2,813
Office supplies	39,440	—	5,234	610	6,551	23,993	3,052
Office equipment and maintenance	69,726	—	8,665	7,137	13,282	34,194	6,448
Printing and publications	295,915	(1,117)	164,395	29,198	4,938	5,163	93,338
Postage and shipping	120,335	460	35,399	2,175	3,684	16,384	62,233
Visual aids, films, etc.	126,804	—	123,332	365	2,548	439	120
Travel	72,504	1,262	9,695	27,897	21,704	8,536	3,410
Professional fees	23,357	—	1,325	1,225	3,054	17,331	422
Purchase of mailing lists	56,530	—	21,223	1,642	65	—	33,600
Insurance	16,761	—	184	109	5,209	11,189	70
Other	7,500	—	502	1,602	1,244	3,278	874
	<u>\$2,066,655</u>	<u>\$175,496</u>	<u>\$596,357</u>	<u>\$263,356</u>	<u>\$358,316</u>	<u>\$321,162</u>	<u>\$351,968</u>

THE BOARD OF DIRECTORS NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.

We have examined the consolidated balance sheet of the National Society for the Prevention of Blindness, Inc. and affiliated state chapters as of December 31, 1969 and the related summary of financial activities and statement of changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such test of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying consolidated financial statements present fairly the financial position of the Society and its affiliated state chapters at December 31, 1969 and the operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year. The supplementary data included in Schedule 2 has been subjected to the same auditing procedures and, in our opinion, is stated fairly in all material respects when considered in conjunction with the basic financial statements taken as a whole.

Peat, Marwick, Mitchell & Co.

March 31, 1970

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.

1000 AVENUE C NEW YORK, N.Y. 10016

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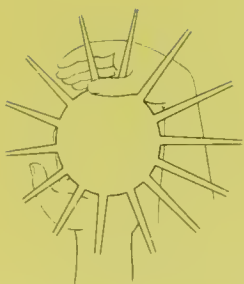
AN
ENDURING

LEGACY Bequests of all sizes have helped to make possible the sight-saving activities of the National Society for the Prevention of Blindness since its establishment in 1908. The Society's record of careful management insures the enduring usefulness of funds entrusted to its care. / You can assure the Society of continuing financial support by using the following bequest form: **I give and bequeath to the National Society for the Prevention of Blindness, Inc., a corporation organized under the laws of the State of New York, the sum of \$. for its corporate purposes.**

Like all other gifts to the Society, bequests by will of money, securities, a house, other real or personal property, the residue of an estate, or any part of it, are of course tax deductible. / Before a donor makes a gift of substance he should consult his lawyer. You may also write to the Society.

THE
NATIONAL

SOCIETY is one of the 18 major national voluntary health agencies which has met the National Health Council's standards and ethical guidelines for membership under a new policy initiated in 1963. The new accreditation assures the public that the National Society: is primarily supported by voluntary contributions / is basically controlled by a broad citizenship membership / is under the direction of a representative voluntary board which has reasonable rotation and broad geographical representation / has program activities approved by committees which include competent experts in the specific areas of the Society's program / follows specified ethical fund-raising practices / makes complete financial reports to the public which conform to the National Health Council's uniform accounting system. Through the National Health Council, an organization of more than 70 national voluntary, professional and governmental agencies and other groups, its member agencies work together and with others in the common cause of health protection and improvement.



The National Society for the Prevention of Blindness, Inc., founded in 1908, is the oldest voluntary health agency nationally engaged in the prevention of blindness through a comprehensive program of community services, public and professional education, and research. ▪ Publications, posters, films, lectures, charts and advisory service are available on request. ▪ The Society is supported entirely by contributions, memorial gifts, bequests and legacies, which are income tax deductible. ▪ Half of all blindness can be prevented!

Member of National Health Council, Accredited by National Information Bureau

Design: Gene Paul Muzio